SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ADESA, INC
11299 NORTH ILLINOIS ST
CARMEL, IN 46032

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X   ☐ Agent
                                     ☐ Addressee

B. Received by (*Printed Name*)   C. Date of Delivery

D. Is delivery address different from item 1?   ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
   ☑ Certified Mail   ☐ Express Mail
   ☐ Registered   ☑ Return Receipt for Merchandise
   ☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*)   ☐ Yes

2. Article Number
   (Transfer from service label)   7012 3460 0001 7334 4836

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ADESA, INC
13085 HAMILTON CROSSING
BLVD.
CARMEL, IN 46032

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X   *Marlon Holloway*   ☐ Agent
                                     ☐ Addressee

B. Received by (*Printed Name*)   C. Date of Delivery
   Marlon Holloway   8/2/

D. Is delivery address different from item 1?   ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
   ☑ Certified Mail   ☐ Express Mail
   ☐ Registered   ☑ Return Receipt for Merchandise
   ☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*)   ☐ Yes

2. Article Number
   (Transfer from service label)   7012 3460 0001 7334 4812

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540